

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/587804

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
4				/		
5				/		
6				/		
7			<i>Cancelled</i>			
8						
9						
10						
11						
12			<i>Cancelled</i>			
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17			/	/		
18				/		
19				/		
20			<i>Cancelled</i>			
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25			<i>Cancelled</i>			
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28			/	/		
29				/		
30				/		
31			<i>Cancelled</i>			
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36			/	/		
37				/		
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41				/		
42				/		
43				/		
44			/	/		
45				/		
46				/		
47				/		
48				/		
49				/		
50				/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			/			
52				/		
53				/		
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100						
TOTAL IND.		↓	8	↓		↓
TOTAL DEP.		←	20	←		←
TOTAL CLAIMS			28			